

**AFFIDAVIT FOR SERVICE OF PROCESS ON THE
SECRETARY OF THE COMMONWEALTH**

Commonwealth of Virginia Va. Code §§ 8.01-301, -329; 55-218.1; 57-51

Case No. GV 2100105-01

District Court

York GeneralBozeman George
107 Sudbury Way NE
Yorktown, VA 23693

v.

Boston Mutual Life Ins.
300 Southborough Drive Suite 200
South Portland, ME 04106-6914

TO THE PERSON PREPARING THIS AFFIDAVIT: You must comply with the appropriate requirements listed on the back of this form.

Attachments: ☒ Warrant ☐ Motion for Judgment ☐

I, the undersigned Affiant, state under oath that:

☒ the above-named defendant ☐ Boston Mutual Life Ins.
whose last known address is: ☒ same as above ☐ 300 Southborough Drive Suite 200
South Portland, ME 04106-6914

- ☒ is a non-resident of the Commonwealth of Virginia or a foreign corporation and Virginia Code § 8.01-328.1(A) applies (see NON-RESIDENCE GROUNDS REQUIREMENT on reverse).
- ☐ is a person whom the party seeking service, after exercising due diligence, has been unable to locate (see DUE DILIGENCE REQUIREMENT on reverse) and that

8-31-2021
@ 1:00pm

is the return date on the attached warrant, motion for judgment or notice (see TIMELY SERVICE REQUIREMENT on reverse).

DATE

☐ PARTY☐ PARTY'S ATTORNEY☐ PARTY'S AGENTState of _____ ☐ City ☐ County of _____

Acknowledged, subscribed and sworn to before me this _____ day of _____, 20_____

NOTARY REGISTRATION NUMBER

☐ CLERK ☐ MAGISTRATE ☐ NOTARY PUBLIC (My commission expires _____)

- ☐ Verification by the clerk of the court of the date of filing of the certificate of compliance requested. A self-addressed stamped envelope was provided to the clerk at the time of filing of this Affidavit.

NOTICE TO THE RECIPIENT from the Office of the Executive Secretary of the Commonwealth of Virginia:

You are being served with this notice and attached pleadings under Section 8.01-329 of the Code of Virginia which designates the Secretary of the Commonwealth as statutory agent for Service of Process. The Secretary of the Commonwealth's ONLY responsibility is to mail, by certified mail, return receipt requested, the enclosed papers to you. If you have any questions concerning these documents, you may wish to seek advice from a lawyer.

SERVICE OF PROCESS IS EFFECTIVE ON THE DATE WHEN SERVICE IS MADE ON THE SECRETARY OF THE COMMONWEALTH.

CERTIFICATE OF COMPLIANCE

I, the undersigned, Clerk in the Office of the Secretary of the Commonwealth, hereby certify the following:

- On _____, legal service in the above-styled case was made upon the Secretary of the Commonwealth, as statutory agent for persons to be served in accordance with Section 8.01-329 of the Code of Virginia, as amended.
- On _____, papers described in the Affidavit and a copy of this Affidavit were forwarded by certified mail, return receipt requested, to the party designated to be served with process in the Affidavit.

SERVICE OF PROCESS CLERK, DESIGNATED BY THE AUTHORITY OF THE
SECRETARY OF THE COMMONWEALTH

WARRANT IN DEBT (CIVIL CLAIM FOR MONEY)

Commonwealth of Virginia VA. CODE § 16.1-79

YORK General District Court

CITY OR COUNTY

300 Ballard Street, Yorktown, VA 23690

STREET ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER: You are hereby commanded to summons the Defendant(s).

TO THE DEFENDANT(S): You are summoned to appear before this Court at the above address on

August 31, 2021 to answer the Plaintiff(s)' civil claim (see below)

RETURN DATE AND TIME

7-12-2021

DATE ISSUED

[] CLERK [] DEPUTY CLERK [] MAGISTRATE

CLAIM: Plaintiff(s) claim that Defendant(s) owe Plaintiff(s) a debt in the sum of

\$ 2,400 net of any credits, with interest at 6% from date of until paid,

\$ 50.00 costs and \$ attorney's fees with the basis of this claim being

[X] Open Account [] Contract [] Note [] Other (EXPLAIN) Falsifying Information base on my income to the state of Virginia, also, Falsifying Information to the IRS

HOMESTEAD EXEMPTION WAIVED? [] YES [] NO [] cannot be demanded

11 July 2021

DATE

[X] PLAINTIFF [] PLAINTIFF'S ATTORNEY [] PLAINTIFF'S EMPLOYEE/AGENT

CASE DISPOSITION

JUDGMENT against [] named Defendant(s) []

for \$ net of any credits, with interest at % from date

of until paid, \$ costs and \$ attorney's fees

[] and \$ costs for Servicemember Civil Relief Act counsel fees

HOMESTEAD EXEMPTION WAIVED? [] YES [] NO [] CAN NOT BE DEMANDED

[] JUDGMENT FOR [] NAMED DEFENDANT(S) []

[] NON-SUIT [] DISMISSED

Defendant(s) Present: [] NO [] YES

DATE

JUDGE

CASE NO.

CV 21001005-20

Bozeman, George

PLAINTIFF(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

107 Sudbury Way # E

Yorktown, VA 23693

757-944-0209

Bozeman Mutual Life

DEFENDANT(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

300 Southborough Drive #200

South Portland, ME 04106

877-254-0085

WARRANT IN DEBT

TO DEFENDANT: You are not required to appear; however, if you fail to appear, judgment may be entered against you. See the additional notice of the reverse about requesting a change of trial location.

[] To dispute this claim, you must appear on the return date to try this case.

[] To dispute this claim, you must appear on the return date for the judge to set another date for trial.

Bill of Particulars ORDERED DUE

Grounds of Defense ORDERED DUE

ATTORNEY FOR PLAINTIFF(S)

ATTORNEY FOR DEFENDANT(S)

HEARING DATE AND TIME

8-31-2021

1:00 PM

JUDGMENT PAID OR SATISFIED PURSUANT TO ATTACHED NOTICE OF SATISFACTION

DATE

CLERK

DISABILITY ACCOMMODATIONS for loss of hearing, vision, mobility, etc., contact the court ahead of time.

RETURNS: Each defendant was served according to law, as indicated below, unless not found.

NAME ADDRESS	<input type="checkbox"/> PERSONAL SERVICE Being unable to make personal service, a copy was delivered in the following manner: <input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.	<input type="checkbox"/> POSTED ON FRONT DOOR OR SUCH OTHER DOOR AS APPEARS TO BE THE MAIN ENTRANCE OF USUAL PLACE OF ABODE, ADDRESS LISTED ABOVE. (Other authorized recipient not found.)	<input type="checkbox"/> SERVED ON SECRETARY OF THE COMMONWEALTH <input type="checkbox"/> NOT FOUND
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OBJECTION TO VENUE:

To the Defendant(s): If you believe that Plaintiff(s) should have filed this suit in a different city or county, you may file a written request to have the case moved for trial to the general district court of that city or county. To do so, you must do the following:

1. Prepare a written request which contains (a) this court's name, (b) the case number and the "return date" as shown on the other side of this form in the right corner, (c) Plaintiff(s) name(s) and Defendant(s) name(s), (d) the phrase "I move to object to venue of this case in this court because" and state the reasons for your objection and also state in which city or county the case should be tried, and (e) your signature and mailing address.
2. File the written request in the clerk's office before the trial date (use the mail at your own risk) or give it to the judge when your case is called on the return date. Also send or deliver a copy to plaintiff.
3. If you mail this request to the court, you will be notified of the judge's decision.

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I certify that I mailed a copy of this document to the defendants named therein at the address shown therein on DATE		<input type="checkbox"/> Plaintiff <input type="checkbox"/> Plaintiff's Atty. <input type="checkbox"/> Plaintiff's Agent
Fi. Fa. issued on Interrogatories issued on: Garnishment issued on		